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|--|-------------------------------|------------------------|
| <b>CHANGE OF<br/>CORRESPONDENCE ADDRESS<br/>Application</b><br><br>Address to:<br>Commissioner for Patents<br>PO Box 1450<br>Alexandria, VA 22313-1450 | <b>Application Number</b>     | 10/628,167             |
|  | <b>Filing Date</b>            | 07/28/2003             |
|  | <b>First Named Inventor</b>   | Samuel H. Christie, IV |
|  | <b>Group Art Unit</b>         | 2416                   |
|  | <b>Examiner Name</b>          | Brenda H. Pham         |
|  | <b>Attorney Docket Number</b> | 7000-263               |

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 021498 → Place Customer  
Number Bar Code  
Label here

*Type Customer Number here*

**OR**

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| <input type="checkbox"/> <b>Firm or Individual Name</b> |  |              |            |            |  |
| <b>Address</b>  |  |              |            |            |  |
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| <b>Telephone</b>  |  |              | <b>Fax</b> |            |  |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐ Applicant.

☐ Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed.

☒ Attorney or agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

|                       |                       |
|-----------------------|-----------------------|
| Typed or Printed Name | Benjamin S. Withrow   |
| Signature             | /Benjamin S. Withrow/ |
| Date                  | November 25, 2009     |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_ forms are submitted.